

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

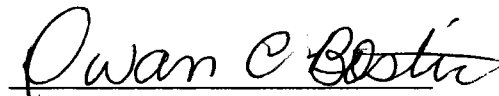
Demetrius McDonald,)	C/A No. 5:12-cv-01725-RBH-KDW
)	
Plaintiff,)	
)	
vs.)	AFFIDAVIT OF D. BOSTIC
)	
Marlboro County d/b/a the)	
Marlboro County Detention Center,)	
)	
Defendant.)	
_____)	

PERSONALLY APPEARED before me, the undersigned, who being first duly sworn, deposes and states as follows:

1. My name is D. Bostic and I am over the age of 18 years and familiar with the information contained in this affidavit.
2. I am employed at the Marlboro County Detention Center as a detention officer with the rank of corporal and have been so employed for 12 years.
3. As a detention officer I witnessed and was present for the intake and handling of detainee Demitric McDonald from May 31, 2010 through June 2, 2010.
4. At no time during the incarceration were McDonald's complaints of pain ignored as at no time during his incarceration did he make me aware of any serious complaints.
5. All handling of and attention to McDonald in which I was involved was done according to MCDC policy and procedure, specifically our booking procedure. I did not witness any other employee mistreat or ignore McDonald's complaints of pain as there were none.
6. I executed the attached Booking Report specifically the section entitled Defendant's Personal Property Receipt. I executed the attached Medical Condition/Health History Profile indicating McDonald was transported from Marlboro Park Hospital and he showed no evidence

of body abnormalities nor did he or anyone else make me aware of any physical problems he was experiencing.

Further affiant sayeth not.


D. Bostic

SWORN to before me this 27
day of Feb, 2013.



Notary Public for South Carolina

My commission expires: 3-6-18

I.D. D		DATE/TIME OF ARREST 05/31/2010 - 10:10		BOOKING REPORT				CASE NUMBER			
DEFENDANT NAME (LAST, FIRST, MIDDLE) MCDONALD, DEMETRIA								RACE B	SEX M	DATE OF BIRTH 04/08/1978	DOCKET NUMBER
AGE 32	ETH. N	HEIGHT 5'08"	WEIGHT 350	HAIR BLK	EYES BRO	SOCIAL SECURITY NO. 250-37-3626	VISIBLE SCARS AND MARKS			NCIC ID NUMBER 1899	
ADDRESS (NUMBER AND STREET) 1016 WEST MAIN ST.				CITY BENNETTSTVILLE		STATE SC	ZIP CODE 29512-	RESIDENT <input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	PHONE NUMBER 843-454-0544		
ALIAS				PLACE OF BIRTH SOUTH CAROLINA			DRIVERS LICENSE NO.		STATE		
EMPLOYER OR OCCUPATION UNEMPLOYED				NEXT OF KIN PAM MCDONALD			ADDRESS (CITY AND STATE) 129 GERCO ST. CHERAW, SC				
BOOKING OFFICER'S NAME DWAN BOSTIC			NUMBER	ARRESTING OFFICER'S NAME TREADAWAY			AGENCY MCSO	NUMBER			
ARRESTEE ARMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL AUTO <input type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input checked="" type="checkbox"/> CUSTODY											
JUVENILE DISPOSITION: 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY <input type="checkbox"/> This Jurisdiction S-State O-Out of State U-Unknown											
ADDITIONAL CASE NUMBERS				IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A, B, C				MORE IN REMARKS <input type="checkbox"/>			
CHARGE ID		A		B		C					
CHARGE		POSSESSION WITH INTENT TO DIS		POSSESSION WITH INTENT TO							
STATUTE		K-119949		K119950							
BOND AMT		\$2,000 SB		\$2,000 SB							
BOND TYPE											
RE DATE											
DISPOSITION		Open		Open							
DAYS		AMOUNT		DAYS		AMOUNT		DAYS		AMOUNT	
SENTENCE		\$ 0.00				\$ 0.00					
TIME SERVED											
GOOD TIME											
BALANCE											
PAID											
RECEIPT NO.											
RELEASE DATE 6-2-10		TIME 11:53	RELEASING OFFICER Cpl. Byers			NUMBER 210	AGENCY RELEASED TO Judge McDonald / Sher. L. L. L.				
SIGNATURE OF RECEIVING OFFICIAL X								LIST ANY REMARKS BELOW			
REMARKS											
DEFENDANT'S PERSONAL PROPERTY RECEIPT						TOTAL CASH AT TIME OF ARREST -> \$ 0.00					
QUANTITY	ITEM					QUANTITY	ITEM				
1	WHITE WATCH										
1	BLACK WALLET										
	\$20.00 currency seized										
1	I.D. Card										
I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.											
x						Cpl. D. Bostic					
DEFENDANT'S SIGNATURE AT TIME OF ARREST						OFFICER					
I HEREBY STATE, ON THE DATE OF MY RELEASE, THAT THE ABOVE LISTED PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.											
x											

MEDICAL CONDITION/HEALTH HISTORY PROFILE

MARLBORO COUNTY DETENTION CENTER

Date 05/31/2010	BOOKING NO. 2010050218	FILE NUMBER : 1899	RACE BLACK	BIRTH DATE 04/08/1978	AGE 32	SEX Male																
INMATE'S NAME : MCDONALD, DEMETRIA				CELL ASSIGNED HOLDING 2																		
List any current medical treatment : SUBJECT WAS TRANSPORTED FROM MPH Medication allergies : Other allergies : Special dietary needs : Insurance Co. : (Group) Policy No. :																						
Evidence of recent injuries to inmate : How injured - according to inmate : Was inmate treated for his/her injuries prior to admission? <u>YES</u> <u>X</u> NO																						
Inmate shows evidence of : <table border="0"> <tr> <td>Lice/Vermin Problems</td> <td><u>YES</u></td> <td><u>X</u></td> <td>NO</td> </tr> <tr> <td>Body Abnormalities</td> <td><u>YES</u></td> <td><u>X</u></td> <td>NO</td> </tr> <tr> <td>Alcohol Influence</td> <td><u>YES</u></td> <td><u>X</u></td> <td>NO</td> </tr> <tr> <td>Drug Influence</td> <td><u>YES</u></td> <td><u>X</u></td> <td>NO</td> </tr> </table>							Lice/Vermin Problems	<u>YES</u>	<u>X</u>	NO	Body Abnormalities	<u>YES</u>	<u>X</u>	NO	Alcohol Influence	<u>YES</u>	<u>X</u>	NO	Drug Influence	<u>YES</u>	<u>X</u>	NO
Lice/Vermin Problems	<u>YES</u>	<u>X</u>	NO																			
Body Abnormalities	<u>YES</u>	<u>X</u>	NO																			
Alcohol Influence	<u>YES</u>	<u>X</u>	NO																			
Drug Influence	<u>YES</u>	<u>X</u>	NO																			

Do you have now, or have you ever had : (Check all that apply)

Shortness of Breath	Epilepsy/Seizures	Diabetes
Asthma	Veneral Disease(s)	
High Blood Pressure	Other Communicable Disease(s)	
Ulcers	Pregnant/Pregnancy	
Heart Problems	Birth Control	
Hay Fever	Alcoholism Problems	
Hepatitis/Jaundice	Drug Dependency Problems	
Kidney Trouble	Suicidal Tendencies	
Hemophilia	Psychiatric Care	
Fractures/Broken Bones	Dental Problems	

X

INMATE'S SIGNATURE

DATE

X**Cpl. D. Bostic**

OFFICER

DATE